Test Scoring Center Request Form

UCI Academic Testing Center, 3040 AIRB, Zot: 4425 Fax: x43832 Phone: x46207

Today’s Date: ___________________ Name (Print): ________________________________________

Campus Address: _____________________________________________________________________

Phone: ________________________ E-mail: ______________________________________________

Course Dept./Number: ____________________________ Course Title: _________________________

Course Code: __________________ Quarter/Year: _____________ Faculty: _____________________

No. of students: __________ No. Test Sessions (e.g., midterm, final, etc.) ________________________

Scantron Form (Please select one):             F-288*            F-289+              F-1712+              F-3652+
  *Available through UCI bookstore
  +Available through Scantron at www.scantron.com

Recharge Account Number:   ____________________________________________________________
  (Cost: $50.00/hour, full service)

Billing Contact Person: ____________________________________ Phone: _____________________

Report/Data Requests (Please select appropriate options below):

Date/Time Needed (Please allow at least 24 hours): _______________________________

Statistics Reports Requests:
  ❑ Class Response Report (w/key)              ❑ Score Distribution Histogram Report
  ❑ Roster Report on Total Grade               ❑ Test Item Analysis
  ❑ Score Distribution Percentile Report       ❑ Other: ____________________________

Data Export Requests:
  ❑ Format (e.g., Excel, Tab-delimited Text file) ________________________________

Delivery Options (Data file):
  ❑ E-mail Delivery
  ❑ User Pickup

Delivery Options (Scantron Forms):
  ❑ Campus Mail
  ❑ User Pickup

Special Instructions (if any):
___________________________________________________________________________________
___________________________________________________________________________________

For Office Use Only - Test Scoring Center Use Record

User: _______________________________________ Date of use: ________________________

Course: _____________________________________ No. of Scantron Forms: _______________

Time in: __________________Time out: ____________ Total Time (to the nearest quarter hour): _________________

Type of Service :  ❑ Full Service ($50/hr.)

Type of use:     ❑ Quiz      ❑ Midterm     ❑ Final      ❑ Training

Comments (if any): __________________________________________________________________________________

Total Charge : ____________ hrs. @ $_____________rate = _________________________

Completed by: ________________________________________ Date: __________________________